KILBOURN CARE CENTER
2125 WEST KILBOURN AVENUE

MILWAUKEE	53233	Phone: (414) 342-1312	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation: 365	Highest Level License:	Skilled

Operate in Conjunction with Hospital?

No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02):

Total Licensed Bed Capacity (12/31/02):

Number of Residents on 12/31/02:

72 Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Average Daily Census:

75 Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care No			%   Age Groups		·		27.8		
Supp. Home Care-Personal Care	No					1 - 4 Years	23.6		
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65 41.7		•	48.6		
Day Services No		Mental Illness (Org./Psy)							
Respite Care	No	Mental Illness (Other)	26.4	75 - 84	27.8		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	4.2	********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.8	Full-Time Equivalent			
Congregate Meals No		Cancer				Nursing Staff per 100 R	ng Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	9.7	65 & Over	58.3				
Transportation	No	Cerebrovascular	4.2			RNs	5.4		
Referral Service	No	Diabetes	11.1	Sex	%	LPNs	18.8		
Other Services	No	Respiratory	9.7			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	26.4	Male	61.1	Aides, & Orderlies	33.4		
Mentally Ill	Yes			Female	38.9	1			
Provide Day Programming for			100.0			I			
Developmentally Disabled No					100.0	I			
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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			Family Care			lanaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	ᅇ	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.5	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	2	100.0	270	57	87.7	115	1	100.0	99	1	100.0	148	3	100.0	115	0	0.0	0	64	88.9
Intermediate				7	10.8	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	9.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		65	100.0		1	100.0		1	100.0		3	100.0		0	0.0		72	100.0

KILBOURN CARE CENTER

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	9	As	sistance of	2	Number of					
Private Home/No Home Health	2.0				Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	30.6		34.7	34.7	72					
Other Nursing Homes	2.0	Dressing	44.4		20.8	34.7	72					
Acute Care Hospitals	70.0	Transferring	44.4		48.6	6.9	72					
Psych. HospMR/DD Facilities	10.0	Toilet Use	44.4		41.7	13.9	72					
Rehabilitation Hospitals	0.0	Eating	83.3		6.9	9.7	72					
Other Locations	16.0	*******	*****	*****	*****	******	******					
Total Number of Admissions	50	Continence		용	Special Treatm	nents	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Re	spiratory Care	2.8					
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	34.7	Receiving Tr	acheostomy Care	1.4					
Private Home/With Home Health	20.8	Occ/Freq. Incontiner	nt of Bowel	27.8	Receiving Su	ctioning	1.4					
Other Nursing Homes	6.3				Receiving Os	tomy Care	0.0					
Acute Care Hospitals	37.5	Mobility			Receiving Tu	be Feeding	2.8					
Psych. HospMR/DD Facilities	8.3	Physically Restraine	ed	0.0	Receiving Me	chanically Altered Diet:	s 20.8					
Rehabilitation Hospitals	0.0	]			-	_						
Other Locations	14.6	Skin Care			Other Resident	Characteristics						
Deaths	12.5	With Pressure Sores		4.2	Have Advance	Directives	84.7					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	48	I			Receiving Ps	ychoactive Drugs	62.5					
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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Prop	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	90	Ratio	%	Ratio	ଚ	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.1	81.9	1.01	86.7	0.96	84.2	0.99	85.1	0.98
Current Residents from In-County	100	83.1	1.20	90.3	1.11	85.3	1.17	76.6	1.30
Admissions from In-County, Still Residing	40.0	18.8	2.13	20.3	1.97	21.0	1.90	20.3	1.97
Admissions/Average Daily Census	65.8	182.0	0.36	186.6	0.35	153.9	0.43	133.4	0.49
Discharges/Average Daily Census	63.2	180.8	0.35	185.6	0.34	156.0	0.40	135.3	0.47
Discharges To Private Residence/Average Daily Census	13.2	69.3	0.19	73.5	0.18	56.3	0.23	56.6	0.23
Residents Receiving Skilled Care	90.3	93.0	0.97	94.8	0.95	91.6	0.99	86.3	1.05
Residents Aged 65 and Older	58.3	87.1	0.67	89.2	0.65	91.5	0.64	87.7	0.67
Title 19 (Medicaid) Funded Residents	90.3	66.2	1.36	50.4	1.79	60.8	1.49	67.5	1.34
Private Pay Funded Residents	1.4	13.9	0.10	30.4	0.05	23.4	0.06	21.0	0.07
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	37.5	30.2	1.24	27.0	1.39	32.8	1.14	33.3	1.12
General Medical Service Residents	26.4	23.4	1.13	27.0	0.98	23.3	1.13	20.5	1.29
Impaired ADL (Mean)	35.8	51.7	0.69	48.9	0.73	51.0	0.70	49.3	0.73
Psychological Problems	62.5	52.9	1.18	55.5	1.13	53.9	1.16	54.0	1.16
Nursing Care Required (Mean)	4.2	7.2	0.58	6.8	0.62	7.2	0.58	7.2	0.58